

BACKGROUND

Human immunodeficiency virus (HIV) infected elderly population (IEP) must become a deprescribing critical group due to **premature aging** and high risk of age-related comorbidities and drug interactions.

OBJECTIVES

- ✓ To measure the **prevalence of polypharmacy** in HIV-IEP with antiretroviral therapy (ART).
- ✓ To analyze the need to introduce a **deprescribing procedure** in pharmaceutical care.

METHODS

Observational, descriptive, transversal study carried out in April 2018 in a 260,000 health-care area hospital. All HIV-IEP (**over 50 years**) with active ART were included.

Recorded variables:

- Demographic: sex, age.
- Pharmacological: number of concomitant prescribed drugs and polypharmacy grade.

Polypharmacy grades (ART included):

- Low: 6-10 concomitant medications.
- Medium: 11-20 concomitant medications.
- High: ≥ 21 concomitant medications.

A review of **inappropriate chronic drugs** in polymedicated VIH-IEP was carried out in order to prevent risk of falls, fractures, confusion, dementia, hospitalisation and mortality.

Drugs included:

- ✓ Anticholinergics
- ✓ Long-term antidiabetic agents (sulfonylureas)
- ✓ First-generation antihistamines
- ✓ Antipsychotics
- ✓ Bisphosphonates
- ✓ Cholinesterase inhibitors (CI)
- ✓ Nonsteroidal antiinflammatory drugs (NSAIDs)
- ✓ Opioids (oxycodone)
- ✓ Proton pump inhibitors (PPIs)
- ✓ Sedative-hipnotics
- ✓ Selective serotonin reuptake inhibitors (SSRIs)
- ✓ Tricyclic antidepressants (TA)

Descriptive statistical analysis: mean and standard deviation for quantitative variables including absolute and relative frequencies. SPSS® v.24 software.

RESULTS

237 patients were included, **19.0% presented polypharmacy**. Polymedicated patients were 66.6% men, median age 57 years [50-81]. Concomitant prescribed medication average was 8.4 ± 2.5 .

Inappropriate chronic drugs were found in 77.8% of polymedicated group. No antihistamines, CI or bisphosphonate treatments.

CONCLUSIONS

Despite the high rate of polypharmacy, it is lower than results observed in other studies (POINT study). Our population shows a low-grade polypharmacy and a high incidence of inappropriate chronic drugs. Results prove the necessity to implement a deprescribing procedure in this group of patients.

REFERENCES

Morillo Verdugo R et al. POINT study. Spanish Association of Hospital Pharmacists 62 Congress. Madrid 2017.

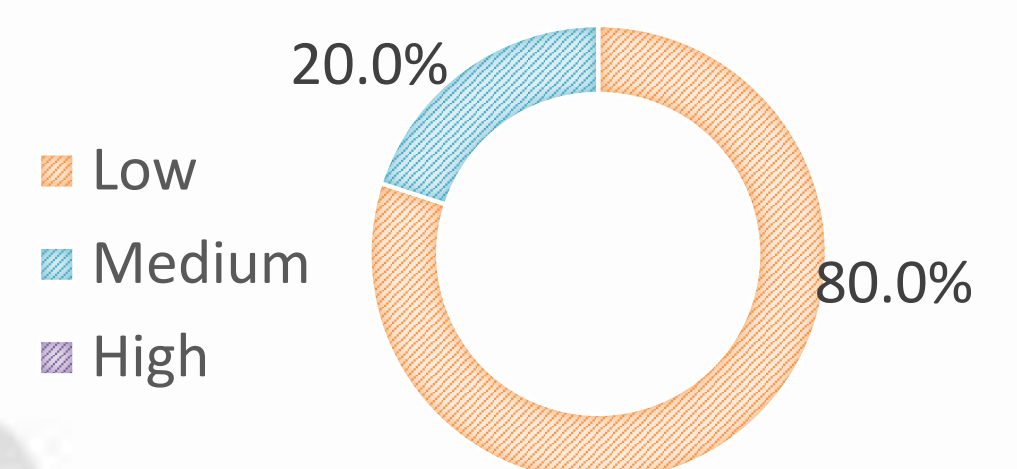


Figure 1. Polypharmacy grade.

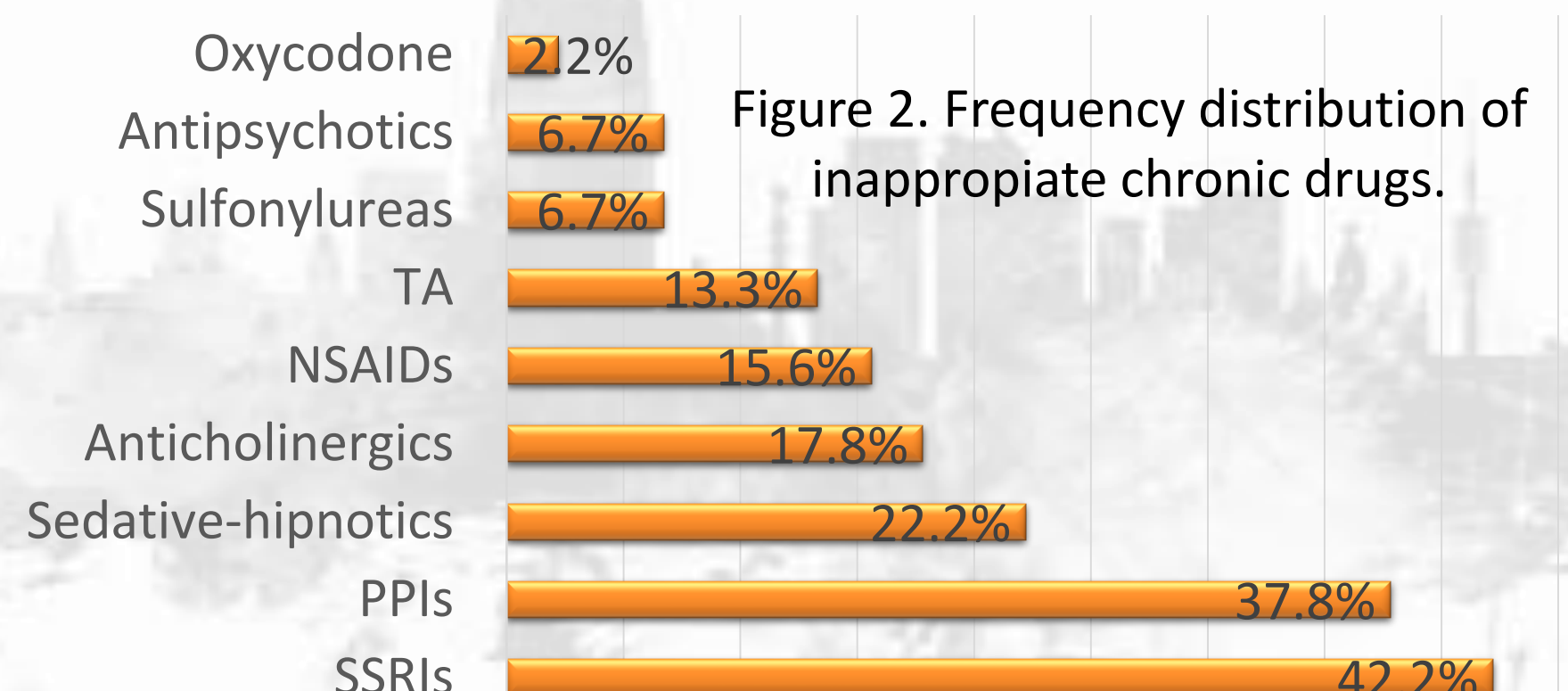


Figure 2. Frequency distribution of inappropriate chronic drugs.

